

REFERRAL FOR AN ADMINISTRATIVE DISQUALIFICATION HEARING

ES-3112  
07-17

Date: \_\_\_\_\_ Service Center: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of the individual alleged to have committed fraud (if different from the case head): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Programs and Amount of Overpayment: (Check boxes that apply.)

Food Assistance \$ \_\_\_\_\_  TANF \$ \_\_\_\_\_  CC \$ \_\_\_\_\_

Dates of the alleged violation (attach a copy of the overpayment summary) \_\_\_\_\_

Date of Discovery: \_\_\_\_\_

Summary of the Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of Documentary Evidence to be presented at the hearing (attach one copy of each): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of prior fraud disqualifications, including dates and manner in which the fraud was determined in each:

Food Assistance: \_\_\_\_\_

Child Care/TANF \_\_\_\_\_

Name(s) of Agency Representative(s) who will be presenting the evidence (include title): \_\_\_\_\_

FOR OAH USE ONLY

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Disposition: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Second Party Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Distribution: One copy to Administrative Hearings; one copy to Case File.  
This form supersedes ES-3112, dated 10-16.